

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

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CLERK, U.S. DIST. COURT
MINNEAPOLIS, MN

Plaintiff(s),
vs. Robert Bonczek

Case No. _____
(To be assigned by Clerk of District Court)

14cv3768 JRT/LIB

vs Board of Trustees
National Roofing Industry Pension Plan
(Fiduciary)

DEMAND FOR JURY TRIAL

Zenith Administrators
Third-party Administrative Manager

YES ☐ NO ☒

Defendant(s).

(Enter the full name(s) of ALL defendants in
this lawsuit. Please attach additional sheets
if necessary).

COMPLAINT

PARTIES

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff

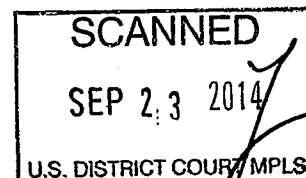
Name Robert Bonczek

Street Address P.O. Box 18782

County, City Hennepin, Minneapolis

State & Zip Code Minnesota, 55418

Telephone Number (612) 508-6258



2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1

Name Board of Trustees
National Roofing Industry Pension Plan
Street Address c/o Fund Office
County, City P.O. Box 721680
State & Zip Code *Harris*, Houston
Texas, 77272-1680

b. Defendant No. 2 ~~Zenith Administrators~~

Name Zenith Administrators, Inc.
(Third-party Administrative Manager)
Street Address P.O. Box 721680
County, City *Harris*, Houston
State & Zip Code Texas, 77272-1680

c. Defendant No. 3

Name Agent for Service of Legal Process
Street Address Wilson-McShane Corporation
County, City 3001 Metro Drive
Suite 500
State & Zip Code Hennepin, Bloomington

Minnesota, 55425

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? *(check all that apply)*

☒ Federal Question

☐ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply.

Title 29, Labor - ERISA Pension

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name:

State of Citizenship:

N/A
Defendant No. 1: N/A

State of Citizenship:

Defendant No. 2:

State of Citizenship:

Attach additional sheets of paper as necessary and label this information as paragraph 5.

Check here if additional sheets of paper are attached. ☐

6. What is the basis for venue in the District of Minnesota? *(check all that apply)*

☐ Defendant(s) reside in Minnesota ☒ Facts alleged below primarily occurred in Minnesota

☐ Other: explain

STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7. See attached - Claim filed seperately

Attach additional sheets of paper as necessary.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

See attached - Request for Relief filed with Statement
of the Claim (pg 11)

Signed this 23rd day of Sept. 2014

Signature of Plaintiff


Robert Bonczek

Mailing Address

P.O. Box 18782

Minneapolis, Mn. 55418

Telephone Number

(612) 508-6258

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.